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## BIB DATA SHEET

CONFIRMATION NO. 4922

<b>SERIAL NUMBER</b> 10/710,923	<b>FILING or 371(c) DATE</b> 08/12/2004 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3737	<b>ATTORNEY DOCKET NO.</b> 158982 (GEM0053USP)		
<b>APPLICANTS</b> Melissa Vass, Milwaukee, WI; Jasbir S. Sra, Pewaukee, WI; <b>** CONTINUING DATA *****</b> This application is a CIP of 10/065,595 11/01/2002 PAT 7,346,381 which claims benefit of 60/385,749 06/04/2002 This application 10/710,923 08/12/2004 claims benefit of 60/494,607 08/12/2003 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 11/24/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /JONATHAN CWERN/ Acknowledged Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> WI	<b>SHEETS DRAWINGS</b> 7	<b>TOTAL CLAIMS</b> 45	<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> CANTOR COLBURN, LLP 20 Church Street 22nd Floor Hartford, CT 06103 UNITED STATES						
<b>TITLE</b> METHOD AND APPARATUS FOR MEDICAL INTERVENTION PROCEDURE PLANNING AND LOCATION AND NAVIGATION OF AN INTERVENTION TOOL						
<b>FILING FEE RECEIVED</b> 1608	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		